

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA

Johnathan F. Steckley

(In the space above enter the full name(s) of the plaintiff(s).)

17 5274

- against -

Berks County Jail System

Warden Junine Livingston

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Johnathan Steckley  
ID # 17-3319  
Current Institution Berks County Jail System  
Address 1201 County Welfare Road  
Leesport PA 14533

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes  No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Parkers County Jail System, 1287 County Welfare Road, Leesport, PA, 19533

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)? Official Oppression, Unjust Misconduct, etc

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Parkers County Jail System, 1287 County Welfare Road, Leesport, PA

1. Which claim(s) in this complaint did you grieve? All

See exhibits 1 & 2 on white page

2. What was the result, if any? Some were attended to while most were denied or blatant disregard

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I've exhausted all administrative remedies. The Warden has denied most and even sent copies to her legal team.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Some forms, reports, logs were  
contaminated by S C E members during  
incarceration at my cell while I was not  
present but I have requested copies of  
video footage from incidents and "incidents"  
to be retained for evidence

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want the court to  
put an injunction on the BCD preventing them

from harassing inmates, especially racial

detainees such as myself in these overall conditions as they amount to punishment and cruel and unusual punishment for detained inmates. An injunction preventing BCI from feeding these inmates as punishment. I would like at least 1 (one) hot meal in summer and (two) hot meals in winter. I would like to keep all mattresses. I would like proper Mental health treatment. I would like cells with mold quarantined and cells with plumbing issues fixed. I would like discontinuance use of the B.A.U. I would like any officers involved with the use of excessive force reprimanded and properly trained. — I would like a total of 75K for the overall conditions as they caused irreparable harm physically and mentally. 15K -lead on wall, 15K -mold, 10K -units, 10K -flooring, 5K -sleeping on ground, 10K -showers/nygenic, 7.5 -food. All of the above has caused some kind of physical pain and suffering and Emotional Distress. They are clearly acts of Willful Negligence, W.H.L, Involuntary Intentional Infliction of Emotional Distress, ect... I would like a total of 80K for the overall treatment by the state (40K -Official Oppression & Harassment, 5K -1st use of force while I was non-resistant, 2.5K -Second use of Force while I was non-compliant, 10K for PREA violation by stripping me and parading up and down black naked) All of these incidents involved physical and emotional Abuse as state knew prior to all of this I am mentally ill with PTSD. All together a Grand Total of 155K for collection of Abuses.

#### VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes  No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No  \_\_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_  
\_\_\_\_\_

On other claims C. Have you filed other lawsuits in state or federal court?

Yes  No  \_\_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Johnathan Fitzgerald Steckley

Defendants Philadelphia Prison System/Tyone Prison

2. Court (if federal court, name the district; if state court, name the county) Philadelphia

3. Docket or Index number 11/4

4. Name of Judge assigned to your case N/A

5. Approximate date of filing lawsuit May 15 2015

6. Is the case still pending? Yes  No  \_\_\_\_\_

If NO, give the approximate date of disposition Oct 4 2016

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Settlement

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of September, 2017.

Signature of Plaintiff

Inmate Number

Joh Stek  
17-3319

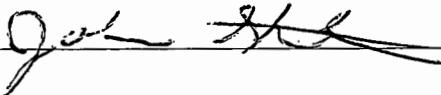
Institution Address

Berks County Jail System  
1237 County Welfare Road  
Leesport, PA 19533

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of September, 2017, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:



Dear Mr. Burns,

10/15/17

My name is Delmonica Stanley (BCJ # 17-3317) and I am currently incarcerated at the Berks County Jail System located at 1287 County Welfare Road, Leesport PA, 19535. I am writing you in regards to the "issues" the prison are presenting me with in trying to state my claims against them. I've been trying (in fact at least 3-4 separate instances) to have my Tri Form, Paupers Form certified only to have an excuse on why it can't be done or to submit the completed form so they can certify and mail it out themselves. All completed forms including the complaint itself!

I have also asked for an account statement but have been denied this as well although the last time they allegedly attached a copy but it somehow got "lost" before it was delivered!

There are no windows on my cell door other than a slot for food and a slot for the C/O's to open and look in. The latter being 6x3 inches so I really can't say who is who or see what is happening out of my cell. I say that to say this; other than video footage (which I have requested copies be retained for evidence) or misconduct reports in which some officers names are recorded I cannot give the exact defendants in my complaint and obviously you can see where this is headed as I cannot file a complaint without a defendant! I have requested use of force reports but to no avail. The officers involved had ski masks on so I couldn't identify them by facial recognition either so...

I am requesting that Court orders be drawn up entering my name to this information for my own personal records as to account statement and the incident reports including all

of the names of the officers involved in the 2 (two) Use of Force incidences. I am also requesting a court order forcing the prison or rather the eligible staff to certify my In Forma Pauperis Form.

If this cannot be done please explain to me how I may accomplish this. Thank you for your time and effort!

Respectfully Submitted,

Johnathon Steckley

J. ~~SLK~~

On June 2017 I was issued a misconduct report and transfer to D block cell #43 subsequently known as "the hole." From this day until July 27<sup>th</sup> 2017 I was fed nutri-loaf 3 (three) times daily for breakfast, lunch and dinner. Since July 21<sup>st</sup> 2017 myself and the majority of the inmates have been fed 3 cold meals a day. A high carb diet consisting of cold cereal (breakfast), bologna and cheese (lunch and dinner) and an assortment of sliced meat, bread, carrots and gravy. For this "food" is fed to us out of a wax sandwich bag including the cold cereal.

During our first 7 (seven) days (prior to a determination of guilt by a fair and impartial hearing officer) inmates such as myself a pretrial detainee are stripped of our mattresses daily. Even after placing this facility and it's medical staff on notice of previous back injuries and surgeries, starting June 2017 and numerous instances after I was stripped of my mattress for 7 days at a time.

I have been afforded 2 showers weekly.

I have mental health issues and am not receiving proper treatment.

I am forced to "sleep" with a light on in my cell 24 hours a day, 7 days a week.

I am locked in my cell 23 hours a day.

I am forced to live with black mold, walls falling down, leaking toilet, chipped sink, feces on walls, insects and vermin in and out of my cell, and fecal paint on the walls.

Between June 30<sup>th</sup> 2017 and September 20<sup>th</sup> 2017 I was continually harassed by members of the S.O.B. (Special Operations Group) as they "searched" my cell every time I was not present; sometimes twice or less than 24 hours and up to 4-5 times within a 7 day span. During these "searches" legal documents including prior grievances

report logs of dates, times, and whom (us) involved in violations against myself and/or other inmates) were taken from my cell.

• After being moved to the BAU (Behavior Adjustment Unit) on D-block on July 13<sup>th</sup> 2017 I have been forced to sleep on a concrete slab protruding from the concrete floor which essentially makes it a part or rather an extension of the floor leaving me susceptible to the attack of insects and/or other bugs/vermin.

• There are no emergency call buttons for direct contact with staff for individuals with mental or health issues such as myself (Epilepsy)

• There are no fire sprinkler or smoke detector systems.

• On August 1<sup>st</sup> 2017 I was assaulted twice, including between 4-4 pm during which officers in ski masks sprayed me multiple times with OC while my back was to them and I was not posing a threat. Afterward I was paraded up and down D block completely naked, then dropped naked and soaked on the concrete floor of cell #17 on D-block. I was refused a shower.

• Although I complain about constipation, stomach cramps, and other discomfort not to mention weight loss due to the diet of bologna and cheese for the past 10+ days I am still forced to eat this diet or starve.

• I am writing this complaint as a collection of issues and violations of my rights over the past 130 days.

Respectfully Submitted,

Jonathan Stoeckley

J. Stoeckley

Appeal # 1438-17  
BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORMInmate Name John Steckley BCP# 17-3319 Cell D-119Date 9/28/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Is it not my right to not know the exact details of any account that bears my name? Is it not my constitutional right to know how my monetary funds are being handled by the trustee (BC) - this facility appointed to do so?

FOR ADMINISTRATIVE USE ONLY

Grievance Response: Recd 9/29/17 - Need grievance response to review. JTA  
You should be keeping track of deductions such as  
newspaper, hearing fees, medical etc. You've had had  
deposits also and can check your current balance  
using your PIN# on the telephone. Since you are in D-Unit,  
I will give you your balance as of 10/5/17 = \$26.06. Your last (2)  
transactions were \$1.61 deducted for postage + \$20.00 added by D.  
Simmons. I am extending the deadline for further response to  
review this further 10/10/17. I have attached your transactions which  
should give you the ability now to continue to track future  
transactions.

Grievance Answered By: John Steckley Date 10/10/17

Sr Staff

App #

Grievance # 1438-17

Date Posted

Copy of Act statement to inmate, Text file attached to this add to me.

BERKS COUNTY JAIL SYSTEM  
INMATE COMMUNICATION FORM

Inmate Name: John Sterckley

BCJ #: 17-3319  
Unit/Cell #: D-119

Date: 9/30/17

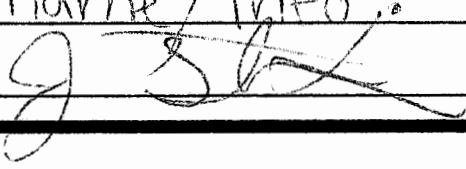
TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

<input type="checkbox"/> Booking/Mail/Property	<input type="checkbox"/> Custody	<input checked="" type="checkbox"/> Inmate Accounts	<input type="checkbox"/> Medical	<input type="checkbox"/> Warden
<input type="checkbox"/> Chapel	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Telephones	<input type="checkbox"/> SOG Commander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Commissary	<input type="checkbox"/> Education	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Treatment	

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

This is the only sheet/document that comes with this Form. This is the In Forma Paupera Form and I do not need to complete it for you to authorize/certify it and what's in my account! It has my name/info!

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: 

RESPONSE:

Completed paperwork with Addressed Stamped Envelope must be forwarded to the Inmate Account Office.

Certification is then completed and MAILED OUT

Date 10-5-17 Staff Member (Print) D Koch and (Sign) D Koch

CC: \_\_\_\_\_

Appeal #

1439-17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

WARDEN!

Inmate Name John SteckleyBCP# 17-3319Cell D-119Date 9/28/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Does your "Handbook" over ride the decisions of the United States Supreme court? If so what security "issue" would there be by allowing myself or an inmate representative to witness a "security search" of my cell? If I came in with no contraband, have never received a misconduct for contraband and have had my cell "searched" less than 24 hrs prior to a next "search" by the same individuals and there are multiple other cells on the block that haven't been "searched" not to mention no plausible reason to search other than official suppression and harassment among other injuries, please explain why this is done?

## FOR ADMINISTRATIVE USE ONLY

Grievance Response: Received 9/29/17 - need grievance response to review. We have responded to this promptly. You, your cell + property is subject to search even in your absence. If you are missing an item or certain items, outline what the items are or were and (the meantime) will check with staff if any specific items were removed. As of 10/5/17, need further time to respond fully. 10/6/17 - AFTER Further review, nothing was removed from your cell.

Grievance Answered By:

John Smith

Date 10/6/17Grievance # 1439-17App # 1439-17 Date Posted 10/6/17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119  
 Date 9/30/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance     Form is incomplete     Resubmit on proper form  
 Lacks details     Must be completed in English

**Statement:** Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

I have been fed lunchment (baggage for the most part) 2 a day and cold cereal with a low-fat milk every day since 7/27/17 making 3 cold meals daily. Low fat milk contains more carbs than whole milk and the 8 slices of bread daily not to mention all of the cheese and cereal grains are main variants in helping Obesity. All of the carbs become sugar and this contributes to Diabetes! Not only am I worried about contracting Diabetes as it runs in my family but due to my less than fair health, I'm worried about my and all future health related issues! I've been placed on laxatives to help with movements and yet I still suffer! I have a lot of time left in the BAV (disciplinary) and that is a lot of time to worry about more health issues. Is it humane to feed someone bread and water 3x daily?

**FOR ADMINISTRATIVE USE ONLY**

**Grievance Response:** Mr. Steckley - you have bloodwork ordered in the near future!

Grievance Answered By: Mutji L Montre HSA Date 10/4/17

Grievance # 14164-17

Date Posted 10/4/17

BERKS COUNTY JAIL SYSTEM  
INMATE COMMUNICATION FORMInmate Name: John SteckleyBCJ #: 17-3319  
Unit/Cell #: D-119Date: 9/28/17TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

Booking/Mail/Property     Custody     Inmate Accounts     Medical     Warden  
 Chapel     Deputy Warden     Inmate Telephones     SOG Commander     Other \_\_\_\_\_  
 Commissary     Education     Kitchen     Treatment

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

Prior to this form I notified this facility that I would be willing to represent Chris Cataldi (cell #124, D block) during his upcoming hearing and any future hearings due to him being severely mentally disabled. If an individual is mentally disabled does not the law afford that individual a representative? What is the definition of a representative? If an individual cannot defend themselves due to some kind of handicap does not the law or even society provide this individual some other recourse or remedy for a proper defense?

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: J. Steckley

RESPONSE: \_\_\_\_\_

NOTEDDate 10/6/17 Staff Member (Print) CDW SMITHand (Sign) C. SmithCC: Legal

**BERKS COUNTY JAIL SYSTEM**  
**REPORT OF INSTITUTIONAL CLASSIFICATION COMMITTEE 30-DAY HEARINGS**

Inmate Name	BCJS	Cell	Status
Steckley, Johnathan	17-3319	D-119	DIS

HEARING DATE: 7/27/17INMATE PRESENT: YES / NO**ICC MEMBERS PRESENT**TREATMENT SUPERVISOR:  
J. CollinsCUSTODY SUPERVISOR:  
Capt. CastroMEDICAL REPRESENTATIVE:  
S. Swartley

## INMATE'S ORAL STATEMENT:

Inmate stated that he is living in unsanitary conditions, the cells are falling apart, there is feces on the walls and the toilets are falling apart. Inmate said that he has mental health issues and seizures and he gets delusional. Inmate also said that he is fasting & not taking medication until Saturday. Inmate asked for a behavior contract.

## DECISION OF THE ICC COMMITTEE:

Inmate was told that he needs to maintain stable behavior & be on his medication in order to receive a contract because he needs to show that he is capable of managing his behavior.

NO CHANGE IN CURRENT STATUS  
 CHANGES MADE BY ICC ARE STATED ABOVE

SPECIAL  
RECOMMENDATIONS: \_\_\_\_\_

ORIGINAL: INMATE'S PERMANENT FILE

COPY: INMATE

The first step binds one to the  
second

Inmate Name John SteckleyBCP# 17-3319Cell 117Date 7/31/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

If this were to address 1 concern I'm sure it would not make anyone blink but I'm bringing up the overall accumulation of the conditions stated below.

Wetri-loaf 5 days per, 2x's pd, Show Bala 7x's pw at least 2x's pd since 7/27/17, No sprinkler system or call button causing unnecessary risk to your charges including myself, a pre-trial detainee with chronic medical and mental issues. Lights on 24/7 causing Intentional/Affliction of Emotional Distress, cells falling apart, laying on a concrete slab 15 hrs pd., showers twice pw, dirty cells with feces on walls, (19) leaking toilets and lack of cleaning supplies. No sheet exchange, needles everywhere ~~to go~~, bloodied sheets so we can't see, charging \$3 per dining, selling unpacked items on commissary and pre-trial detainees locked down.

**FOR ADMINISTRATIVE USE ONLY****Grievance Response:**

Only use one per grievance form please. Related to your complaint in separate grievances so they may be addressed appropriately and timely.

*[Signature]*

21  
he  
PGrievance Answered By: Cpt. CatoDate 8/1/17Grievance # 17-3319Date Posted 8/1/17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley

BCP# 17-3319

Cell D-119

Date 8/5/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

**Statement:** Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

During 1 of the "cell searches" or "extractions" against me, the log of the times and dates of which I asked for grievances of pt documentation in pertaining to the treatment of myself and other inmates at thi facility. As well as my documented weight!

**FOR ADMINISTRATIVE USE ONLY**

**Grievance Response:**

This makes no sense. Resubmit with more clarity.  
Myth

Grievance Answered By: Cpt. Carter

Date 8/8/17

Grievance # /

Date Posted /

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119  
 Date 8/26/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance     Form is incomplete     Resubmit on proper form  
 Lacks details     Must be completed in English

**Statement:** Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

I can not see out of my cell but it has been brought to my attention that some of the on duty officers have been reading my grievances before placing them in the proper box! Please investigate and censure all guilty parties involved as we inmates are held accountable for rule violations and even when innocent! Willful Misconduct!  
 Ignorant other facts!

**FOR ADMINISTRATIVE USE ONLY**

**Grievance Response:**

You must provide details to include: names, dates, and times so that I can better address this.

Grievance Answered By: 4. L. W. CLD Date 8/27/17

Grievance #    /   

Date Posted    /

BERK COUNTY JAIL SYSTEM  
DISCIPLINARY HEARING POSTPONEMENT NOTICE

6

Inmate's Name: Steckley, Jonathan

BCJS #:2017-3319

Unit/Cell #:D-113

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

## Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7/12/17	1845	Class I, 154 Refusal of Orders Class I, 156 Threats Class II, 204 Uncooperativeness Class II, 251 Abusiveness Class II, 253 Harassment	Zema

Reason for Postponement: Mental Health Review

Delivered By:

Sign: Lt. A. Weber Print: Lt. A. Weber

Date: 7/13/2017 10:42

CC:  Disciplinary Packet Inmate

## **MISCONDUCT CITATION**

Inmate Name John Doe | Identification No. 123456789 | Date 10/20/2023

**Incident Location** \_\_\_\_\_ **Time** \_\_\_\_\_

### Citation

Class	#	Offense	Class	#	Offense
10	10	False	10	10	False
10	10	False	10	10	False
10	10	False			

## Officer Report

**Officer Signature**

**Actions Pending Disposition**

- Subject Locked In Own Cell.**
- Subject Transferred To \_\_\_\_\_.**
- Subject Removed From Job Assignment.**

- Warning Is Issued
- Material(s) Confiscated
- Other Action \_\_\_\_\_

## **Witnesses**

**Inmate Notification**

**Copy Delivered To Inmate By**

Name \_\_\_\_\_ Date 7/17/17 Time 1:55

### Staff Witness

**Inmate Signature**

**(Acknowledges Receipt of Copy)**

## **Supervisory Review**

Shift Commander Signature

**Shift Commander Signature**

- Informally Adjusted
- Referred To Disciplinary Committee
- Notation \_\_\_\_\_

BERKS COUNTY JAIL SYSTEM  
Case 5:17-cv-05274-JS Document 1 Filed 11/21/17 Page 22 of 46  
DISCIPLINARY HEARING POSTPONEMENT NOTICE

8

Inmate's Name: Steckley, Jonathon

BCJS #:2017-3319

Unit/Cell #:D-119

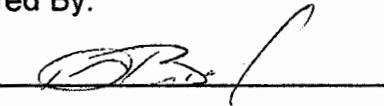
This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-13-2017	0800	Class I, 154 Refusal of Orders Class I, 156 Threats Class II, 204 Uncooperativeness Class II, 251 Abusiveness Class II, 252 Disturbance	Umbenhauer

Reason for Postponement: Mental Health Review

Delivered By:

Sign:  Print: VanBilliard

Date: 7/14/2017 11:46

CC: Disciplinary Packet

Inmate

Berks County Jail System  
MISCONDUCT CITATION

Inmate Name Stockley, Jonathan Unit/Cell# d-113  
 Incident Date 7-13-17 BCJS# 2017-248  
 Incident Location Delta 6 Room 10 hallway Incident Time 0800  
 Date Citation Written 7-13-17 Time Citation Written 0840

Citation					
Class	#	Offense	Class	#	Offense
I-B	124	Refusal of orders	II	281	Abusiveness
I-B	156	Threats	II	282	Disturbance
II	204	Uncooperativeness			

**Report:** Inmate Stockley, Jonathan is being cited with the above offenses. At approximately 0800 a security search of his cell #113 was conducted by operator 2001 and I. During this search Stockley was removed from his cell, and brought to the hallway. He immediately became abusive and uncooperative. Stockley was saying "Get the bitch, bitch, and fucking faggot." He also refused to turn or move when asked to do so. Stockley also refused orders to spread his feet out while out of the cell. He made several threats towards us saying "I swear to God on everything I have that you're gonna pay for this bitch, and I swear to God I'm going to beat you the shit out of you." He then said when I hit the block come see me." Stockley concluded with an obscenity by saying "I'm going to fuck all you" 9

Author's Name-(Print) Timothy MAuthor's Signature Timothy M**Actions Pending Disposition:**

Subject Locked in Own Cell  
 Subject Transferred To \_\_\_\_\_  
 Subject Removed From Job Assignment

Repair Order Submitted  
 Pictures Taken  
 Material(s) Confiscated

Other Action None  
 None

**Witnesses:** \_\_\_\_\_

Inmate Notification	Supervisory Review
Copy delivered to Inmate on: Date <u>7-13-17</u> Time <u>10:02</u> By: Name <u>ST 2011</u>	<input type="checkbox"/> Informally Adjusted <input checked="" type="checkbox"/> Referred to Disciplinary Committee <input type="checkbox"/> Notation _____
Staff Witness <u>ST 2011</u>	Supervisor <u>ST 2011</u> Print Name _____
Inmate Signature <u>ST 2011</u> (Acknowledges Receipt of Copy)	Signature _____

Original – Treatment

Canary Copy – Department Supervisor

Pink Copy – Inmate

**MISCONDUCT CITATION**

Inmate Name Stockley, Jonathan Run# 2017-3311 Date 7-13-17  
 Incident Location Water Hallway Time 1800

<b>Citation</b>					
<b>Class</b>	<b>#</b>	<b>Offense</b>	<b>Class</b>	<b>#</b>	<b>Offense</b>
IB	154	Refusal of orders	II	281	Abusiveness
IB	156	threats	II	282	disturbance
II	204	Uncooperativeness			

**Officer Report**

Cont'd. mom's in my 8 card room house. Stockley also said that we should check his record because he is 2 for 3 on lawsuits. Stockley caused a disturbance by yelling throughout the search and then afterwards by yelling out of his cell. End of report.

Officer Signature Wm. Schaefer

**Actions Pending Disposition**

Subject Locked In Own Cell.  
 Subject Transferred To \_\_\_\_\_  
 Subject Removed From Job Assignment.

Warning Is Issued  
 Material(s) Confiscated  
 Other Action Yester rexxed

**Witnesses****Inmate Notification****Copy Delivered To Inmate By**

Name Wm. Schaefer Date 7-13-17 Time 1800

Staff Witness Wm. Schaefer

Inmate Signature Wm. Schaefer (Acknowledges Receipt of Copy)

**Supervisory Review****Shift Commander Signature**

Informally Adjusted  
 Referred To Disciplinary Committee  
 Notation

Inmate's Name: Stecky, Jonathon

BCJS #:2017-3319

Unit/Cell #:D-119

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-13-2017	0945	Class I, 156 Threats	Zema

Reason for Postponement: Mental Health Review

Delivered By:

Sign:  Print: VanBilliard

Date: 7/14/2017 11:30

CC:  Disciplinary Packet

Inmate

US Document 1 Filed 11/21/2020 Page 1 of 10  
**Berks County Jail System  
MISCONDUCT CITATION**

Inmate Name Jeffrey D. Jones Unit/Cell# 0113  
Incident Date 3/18/17 BCJS# 03 309  
Incident Location 100-Block B-Unit Incident Time 1722hrs  
Date Citation Written 3/18/17 Time Citation Written 1722

## Citation

Class	#	Offense	Class	#	Offense
16	196	Spots			

**Report:** On 7/17/17 at around 0400hrs Captain Johnathan  
and myself responded to a radio from the 100th Security  
Squadron, Tinker AFB (100 Sqn) from the 100th Security Squadron  
to be on our way to the 100th Security Squadron at 0400hrs  
with the task of escorting a Cessna 172N aircraft  
from Tinker AFB which I have no idea where it is. I also  
had to make sure the child which was on board was safe  
and ready. Tinker Security had informed me by 0300hrs that the  
aircraft was not to be contacted, just to go they would not  
be. Tinker Security had told them that the aircraft  
would be required to remain off the ground.

Author's Name-(Print) L. C. Johnson

Author's Signature John Doe

**Actions Pending Disposition:**

Subject Locked in Own Cell  
 Subject Transferred To \_\_\_\_\_  
 Subject Removed From Job Assignment

Repair Order Submitted     Other Action \_\_\_\_\_  
 Pictures Taken \_\_\_\_\_  
 Material(s) Confiscated \_\_\_\_\_

**Witnesses:**

<b>Inmate Notification</b>	<b>Supervisory Review</b>
Copy delivered to Inmate on: Date <u>10/10/07</u> Time <u>10:00</u>	<input type="checkbox"/> Informally Adjusted <input checked="" type="checkbox"/> Referred to Disciplinary Committee <input type="checkbox"/> Notation <u> </u>
By: Name <u>SAOPL</u>	
Staff Witness <u>SAOPL</u>	
Inmate Signature: <u> </u>	(Acknowledges Receipt of Copy)
	Signature <u> </u>

## Original – Treatment

Canary Copy – Department Supervisor

## Pink Copy – Inmate

BERKS COUNTY JAIL SYSTEM  
APPEAL OF INMATE DISCIPLINARY HEARING

1 D119

INSTRUCTIONS: This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John SteckleyBCJ# 17-3-313Today's Date 7/18/17Housing Unit and Cell # D-119Date of your Hearing Same DaySanction None

BCJS

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

As it stated during my hearing, I admit that I took off my shirt to answer a call from Officer Zerna. I never apologized to the other officer involved. Officer Zerna took it upon himself to "confront" me or behalf of his colleague. I cannot leave my cell and the officer is showing a consistent pattern of harassment with his continuous presence in my cell and to antagonizing/provocative remarks such as "confinement" and "Are you ready to leave?" which I believe to be sexually implicit being that officer Zerna began to call me this after strip searching me. I would've apologized to the officer for my misunderstanding but I never got a chance to as he was back at my cell with his partner Unbermeyer for as he stated "round 2" ... I have requested "grievances" but to no avail.

Signature J

\*\*\*\*\*  
ADMINISTRATIVE USE ONLY: Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision:  Appeal Denied  Sentence Reduced  Charge (s) Dismissed

## BASIS FOR DECISION:

I have reviewed your appeal and all supporting documents. In addition, I reviewed the video recordings from the operators. I agree with the Hearing Officer's decision and the sanctions imposed. Therefore, your appeal is denied.

Authorization CDW SMITH

\ISBERKS2\P\Prison\Users\Forms\Custody\Hearing Officer Forms\Inmate disciplinary appeal.doc

Date 7/18/17

#14  
2 + 3

**BERKS COUNTY JAIL SYSTEM**  
**APPEAL OF INMATE DISCIPLINARY HEARING**

**INSTRUCTIONS:** This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John Shuck BCJ# 17-2219 Today's Date 7/16/17

Housing Unit and Cell # D-119 Date of your Hearing 7/16/17

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

As I stated in pg 1 Officer Zerna can't kick to my cell the next time I am up accompanied by 1 member for the 3rd time in an hour. Being with him intent to prove me as myself and there wouldn't be any clear cut in our discussion this and by Officer Zerna's statement of "round 2" meaning a continuation of the fight before. I allowed both officers multiple times of the injuries to my leg, hip, 3 pelvis (reconstructive surgery) and my fear of spreading my legs too far only to have my legs kicked open wider to work at this point I did make a statement about falling and re-injuries but only after being prompted. "One cannot be guilty of threats if statements are made after being prompted into an act of anger". U.S. supreme Court All medical records and video as evidence

Signature: ✓

\*\*\*\*\*  
**ADMINISTRATIVE USE ONLY:** Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision:  Appeal Denied  Sentence Reduced  Charge (s) Dismissed

**BASIS FOR DECISION:**

I have reviewed your appeal and all supporting documents. Additionally, I have reviewed the operator's videos. I agree with the Hearing Officer's decision and the sanctions imposed. Therefore, your appeal is denied.

Authorization John Shuck Date 7/18/17  
L:\Users\Forms\Custody\Hearing Officer Forms\Inmate disciplinary appeal.doc

**BERKS COUNTY JAIL SYSTEM**  
**APPEAL OF INMATE DISCIPLINARY HEARING**

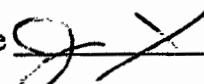
**INSTRUCTIONS:** This form is for appealing a disciplinary hearing decision. Appeals are considered ONLY on the basis of SPECIFICALLY enumerated facts which may indicate that a Disciplinary Hearing decision was improper. It is not to be used as a second "hearing opportunity". Unsupported requests for sentence reductions will not be considered. Within two days of the Hearing Officer's Decision, you or your housing unit officer should place the appeal form in the Inmate Communication Box located on the Housing Unit.

Inmate Name John Steel, Jr. BCJ# 17-3219 Today's Date 7/16/17

Housing Unit and Cell # 73-119 Date of your Hearing 7/16/17

Provide a brief reason (s) for your appeal. (Use the other side of this form if necessary):

This all occurred 15 min after both officers were at my cell. AD  
For "panel 2" I do not find it coincidental that these officers are ex-  
ecuting at the center of all crime problems in this facility. INSTEAD  
As I've stated I cannot leave my cell unless warranted and PRISON  
officer has a factors to room when their B.I. permits and yet  
they are at my cell 4 times in 2-4 days. Who is harassing who?  
I just wonder the consequences of their actions are my only  
alternative is to file suit? I have asked for an answer to my  
multiple times but to no avail! It is being recorded!

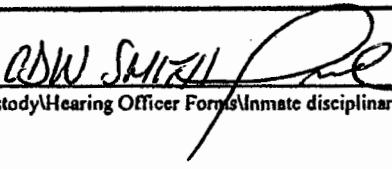
Signature 

\*\*\*\*\*  
**ADMINISTRATIVE USE ONLY:** Inmates, do not write in this space or your correspondence will be filed without answer. If you need additional space, use the back of this sheet.

Appeal Decision:  Appeal Denied  Sentence Reduced  Charge (s) Dismissed

**BASIS FOR DECISION:**

I have reviewed your appeal and supporting documents. In addition, I have reviewed the SDC Operators video. I agree with the Hearing Officers decision and the sanctions imposed. Furthermore, you have plead guilty to these charges. Your appeal is denied.

Authorization  Date 7/18/17  
 \\SBERKS2\\Prison\\Users\\Forms\\Custody\\Hearing Officer Forms\\Inmate disciplinary appeal.doc

= Author: VanBilliard, Daniel  
= Date: 8/1/2017 14:25:48  
= Inmate: STECKLEY, JOHNATHAN F  
= Permanent Number: 2017-3319

They are violating my constitutional rights.

=====

= Author: VanBilliard, Daniel  
= Date: 8/1/2017 14:28:23  
= Inmate: STECKLEY, JOHNATHAN F  
= Permanent Number: 2017-3319

154 Refusal of Orders: I am finding you guilty of refusal of orders based on the unit officers witnessing you refuse to return your arm inside your cell and a planned use of force being necessary to gain compliance.

=====

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119

Date 8/10/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Due to lack of grievances when asked for and the fact that it takes at least 5 days to get to law library, I am submitting this appeal over the 3 day limit and without super court case law that supports the fact that this facility is violating rights by not affording us 1 meal a day in summer and 2 hot meals in winter! Feeding us pretrial detainees who have yet to be tried and or convicted of any crime, cold cereals out of a wax paperbag and cold cuts for the other 2 day meals IS Willful misconduct, intentional Affliction of Emotional Distress REGARDLESS of what kind of meat or cereal and or sides are served especially when coupled with other conditions. Please feed inmates in BCP hole same food (in trays) as rest of inmates.

**FOR ADMINISTRATIVE USE ONLY**

Grievance Response: I am not aware of any statute requiring a certain number of hot meals. Our meals are approved by a dietitian to ensure that nutritional guidelines are met based in recommended calorie intake & food groups. We were not ordered to take nutritional info off the menus.

Grievance Answered By: John Steckley Date 8/15/17

cc: legal  
SPT/ft

App  
Grievance # 1071-17

Date Posted 8/15/17

Inmate Name John Steckley BCP# 17-3319 Cell D-119  
Date 8/2/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance     Form is incomplete     Resubmit on proper form  
 Lacks details     Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

~~For the last 2 weeks~~ Since I have been on D block we've been fed nutriblast 3 x pd during the week and regular meals on the weekends. Since the D.O.C. sent orders to stop this practice your facility has since (7-27-17) begun feeding the inmates housed on D-block (most pre-trial detainees) 3 cold meals daily (including weekends) out of a paperbag. Due to circumstances to which I can only attribute to a higher power I am a pre-trial detainee with a state number. I am requesting this facility comply with the U.S. Constitution and the U.S. Supreme Court and give us at least 2 hot meals daily. The above mentioned coupled with other conditions were subjected to in plenty to initiate litigation for compensation.

FOR ADMINISTRATIVE USE ONLY

Grievance Response: No such order was ever sent from the Doc. The Doc does not dictate our menus and their decision to stop nutriblast ~~was~~ created no mandate on County facilities. This is no local, state or federal or Constitutional law/right. No state you have any kind of entitlement to a hot meal.

gjm

Grievance Answered By: Gjt astn Date 8/4/17

cc: legal

Grievance # 1071-17

Date Posted 8/4/17

Inmate Name John Steckley

BCP# 17-3319

Cell D-119

Date 8/14/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

**Administration Use Only**

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Once again Force is only to be used when the offender escalates the situation by some kind of force of or resistance. Force must de-escalate when the offender's force de-escalates! Just because an officer says "stop resisting" or whatever tricks are used to change witness' thoughts of what they seen does not mean the offender or rather in this incident, ~~was~~ the victim was in fact resisting or using substantial force to resist! If this facility followed directives of Supreme Court then I would not have inquired about my right to a hot meal! But for BCJ actions, I would not have suffered the traumatic experience that I was subjected to!

**FOR ADMINISTRATIVE USE ONLY**

Grievance Response: I concur with Capt. Castro's response. You refused orders for a second time on the date of 7/29/17. You were completely uncooperative with staff. Once you were sprayed & removed from the cell, the staff washed & cleaned you because you wouldn't move on your own. You were decontaminated in the ecrs by medical who also verified your vitals. Failing to follow & comply with lawful orders is not the way to voice concerns about a procedure here. I suggest you use appropriate way of voicing concerns as outlined in the Handbook. You must comply with lawful orders.

Grievance Answered By: John J. Daigle

Date 8/21/17

cc: Legal  
Sr. Staff

App  
Grievance # 1089-17

Date Posted 8/21/17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORMInmate Name John SteckleyBCP# 17-3319Cell D-119Date 8/4/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

On 7/29/17 between 3:30 & 4:30pm I was pepper sprayed for a 2nd & 3rd time with my back to the officers as I did not pose a threat! It is my understanding that I suffered multiple seizures during this incident only to have my clothes cut off me and paraded through the unit naked and sprayed down with a hose while a female nurse attended to my eyes. I was then dragged into another cell and dumped on the concrete floor naked and denied a shower until the next morning. I believe that as a pretrial detainee this is abuse of excessive force, willful misconduct, & Intentional Affliction of Emotional Distress! This was all captured on video. I also spit up blood but none of my injuries were recorded. Requesting no further actions of this kind by staff & General

## FOR ADMINISTRATIVE USE ONLY

CO.

Grievance Response: The incident in question is well documented. It is clear that you caused an escalation of the situation by your refusal to cooperate and follow simple orders. I see no evidence of excessive force used against you. You were treated by medical staff at the time of incident. If you have other medical concerns relative to this incident, please submit a sick slip.

my 16Grievance Answered By: Cpt. C. C. C.Date 8/8/17Grievance # 1089-17Date Posted 8/9/17

!Appeal # 1090-11. cc ATM Warden!

26

BERK COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORMInmate Name John SteckleyBCP# 17-3319 Cell D-119Date 8/14/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

Again I am submitting this today due to not being able to receive appeal forms or grievance forms when inquiring. They did not cut my clothes and parade me up and down the block naked as other inmates watched at their doors. This was not part of a search! This was a blatant PRE violation! We as inmates are expected to adhere to the law, rules and regulations with no questions asked and yet this facility continually on a daily basis willfully violates all of the rules and regulations it deems non-essential to its operation w no regard to consequences! I believe these humiliating actions were done by some guards involved as retaliation of prior grievances filed!

FOR ADMINISTRATIVE USE ONLY

Grievance Response: This form is being accepted as your appeal, so I am not sure what other form you were seeking. Your actions led to the situation that occurred & Capt. Castro's explanation on the grievance form sums it up very accurately. Your refusal of orders started the situation & your failure to (continue) to not cooperate led to the events afterward & to be able to keep everyone safe & secure & to ensure you received an evaluation & flushing of eyes by medical.

Grievance Answered By:

cc: Legal  
Sr StaffGrievance # 1090-17Date Posted 8/21/17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORMInmate Name John SteckleyBCP# 17-3319Cell D-119Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

During the "extraction on 7/29/17 I was paraded up and down D block naked in front of my fellow inmates and female nurses violating PRFA conditions and subjecting me to Intentional Affliction of Emotional Distress, Humiliation, ~~etc~~ and other injuries as well. This was recorded on video! I want this incident investigated and the officers reprimanded. No inmate, especially another Pre-trial detainee, to ever go through that again and Monetary compensation to be negotiated

**FOR ADMINISTRATIVE USE ONLY**

Grievance Response: Medical staff was present to provide you with medical care, a core component of their job that does not create a PREA issue. It was your own actions which precipitated and necessitated the use of force which resulted in <sup>more</sup> you needing to be decontaminated. Your blatant uncooperativeness and refusal to follow simple orders <sup>led to</sup> ~~made~~ the reasonable decision to cut your clothing in order for you to be searched for safety reasons and to facilitate the decontamination process. No discussion of compensation will take place.

*say this*

Grievance Answered By: Cpt. CastroDate 8/8/17Grievance # 1090-17Date Posted 8/9/17*Cpt. C...*

= Author: VanBilliard, Daniel  
= Date: 8/1/2017 15:42:13  
= Inmate: STECKLEY, JOHNATHAN F  
= Permanent Number: 2017-3319

154 Refusal of Orders: I am finding you guilty of refusal of orders based on the unit officers witnessing you refuse to retract your arm back in your cell. A planned use of force was necessary to gain compliance.

=====

= Author: VanBilliard, Daniel  
= Date: 8/1/2017 15:39:56  
= Inmate: STECKLEY, JOHNATHAN F  
= Permanent Number: 2017-3319

They are violating my constitutional rights

---

Berks County Jail System  
MISCONDUCT CITATION

Inmate Name Steckley, Johnathan Unit/Cell# 0-114  
 Incident Date 7/29/17 BCJS# 119  
 Incident Location D-111 Incident Time 1600  
 Date Citation Written 7/29/17 Time Citation Written 1600

Citation					
Class	#	Offense	Class	#	Offense
I	154	Failure to Obey			

**Report:** On 7/29/17 at approximately 1600 I observed inmate Steckley Johnathan (119-154) his supper at cell Delt 119. Steckley, went to the bathroom and did not return to his cell until 1615. I then spoke to Steckley and asked him to give him his food. Steckley sat in right away and did not accept the food. I then ordered Steckley three times to take his meal back into his cell. Steckley refused all three orders. I then called the Sgt.

DKR

Author's Name-(Print) Canard Author's Signature C

## Actions Pending Disposition:

Subject Locked in Own Cell  
 Subject Transferred To 119  
 Subject Removed From Job Assignment

Repair Order Submitted  
 Pictures Taken  
 Material(s) Confiscated

Other Action \_\_\_\_\_

## Witnesses:

Inmate Notification	Supervisory Review
Copy delivered to Inmate on: Date <u>7-29-17</u> Time <u>1605</u> By: Name <u>Lanier</u>	<input type="checkbox"/> Informally Adjusted <input checked="" type="checkbox"/> Referred to Disciplinary Committee <input type="checkbox"/> Notation _____ Supervisor <u>can</u> Print Name <u>can</u> Signature <u>can</u>
Staff Witness <u>Lanier</u> <u>7-29-17</u> Inmate Signature <u>Referred to sign</u> (Acknowledges Receipt of Copy) <u>7-29-17</u>	

Original – Treatment

Canary Copy – Department Supervisor

Pink Copy – Inmate

Inmate's Name: Steckley, Johnathan

BCJS #:2017-3319

Unit/Cell #:D-117

This shall serve as official notice to you that the disciplinary hearing(s) scheduled to be held for the misconduct citation(s) listed below have been postponed for the reason specified below:

Disciplinary Citations:

DATE	TIME	MISCONDUCT	OFFICER
7-29-2017	1620	Class I, 154 Refusal of Orders	Conrad

Reason for Postponement: Mental Health Review

Delivered By:

Sign:  Print: Lt. Weber

Date: 7/31/2017 12:16

CC:  Disciplinary Packet

Inmate

GRIEVANCE APPEAL # 1077-17  
BERKS COUNTY JAIL SYSTEM  
INMATE COMMUNICATION FORM

BCJ #: 17-3314

Unit/Cell #: D-119

Date: 8/10/17

Inmate Name: John Steckley

TO: (Select only one of the following; selecting more than ONE box will result in your communication being filed unanswered.)

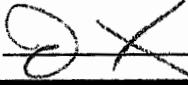
<input type="checkbox"/> Booking/Mail/Property	<input type="checkbox"/> Custody	<input type="checkbox"/> Inmate Accounts	<input type="checkbox"/> Medical	<input checked="" type="checkbox"/> Warden
<input type="checkbox"/> Chapel	<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Telephones	<input type="checkbox"/> SOG Commander	<input type="checkbox"/> Other _____
<input type="checkbox"/> Commissary	<input type="checkbox"/> Education	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Treatment	

Write legibly, supply all relevant details. Forms which are unclear or contain demeaning language, threats or profanity will not be addressed. **ONLY ONE TOPIC PER COMMUNICATION.**

I was maced WITH MY BACK TURNED TO THE SOG MEMBERS POSING NO THREAT! THE SPECTRUM FOR OFFICERS TO ESCALATE FORCE DEPENDING ON OFFENDERS FORCE AND OR ACTION AGGRESSION and vice versa for. Do Escalation! Again I could not get any Grievance Appeal Forms, in fact the on duty officers stated they don't even know what that form is! I could not get any regular grievance forms other than the 1 I received today not to mention the date says the brass of this facility was done with my grievance on 8/4/17 and yet I did not receive them back until 8/9/17! WILLFUL MISCONDUCT, WILLFUL NEGLIGENCE (considering medical condition of EPILEPSY) and other TORTS

EXCESSIVE FORCE WAS USED AGAINST ME WHEN I POSED NO THREAT! PLEASE KEEP A VIDEO COPY OF THIS INCIDENT OR IT WILL BE CONSIDERED OBSTRUCT OF EVIDENCE!

Note: Writing in "response" section will result in form being unanswered and filed.

Inmate Signature: 

RESPONSE: First of all, I will address the incident of 7/29/17 in the morning. You were given multiple orders to pull your arm inside the food slot & refused. You were then given multiple orders to put both hands out & SOG would have ruffed you to open the door safely. You are well aware of this process. You again refused, so you were sprayed in order to gain compliance. SOG was able to then open door & cuff you. You were wiped down to remove spray & the nurse flushed your eyes. Your cell was cleaned & you were placed back in. As to the form, you were able to use this form for a appeal which I have accepted. You did receive at least (3) other grievance forms in the past month which I saw. You were able to raise the issue & it has been reviewed. You are required to follow lawful orders which you were given multiple times. Please comply.

Date 8/21/17 Staff Member (Print) Thigley

and (Sign) John Steckley

This is not acceptable

CC: Grievance # App 1077-17

Date: to have an  
addressed

CC: Legal

BCJS 501U-5/2015  
SSTaff

Original - Treatment File

Canary - Return to inmate with response

you must  
comply

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119  
 Date 8/3/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

## Administration Use Only

Does not fit criteria for an emergency/sensitive grievance     Form is incomplete     Resubmit on proper form  
 Lacks details     Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

On 7/29/17 I had my back turned to the slot in the cell door and posed no threat but yet I was pepper sprayed and received a misconduct between 10:45 and 11:30 a.m. This is because I defended my right to 2 hot meals a day per the U.S. Supreme Court. I was then forced to spend the night without a shower.

I am asking that no inmate go through this in the future and monetary compensation for willful misconduct and Intentional Affliction of Emotional Distress.

## FOR ADMINISTRATIVE USE ONLY

Grievance Response: You refused orders to place your arm back into your cell, as you had it sticking out the food slot. The incident was well documented. You were given numerous opportunities to comply before any force was used to gain compliance. You were decontaminated by medical and security staff. You were placed in an uncontaminated cell with new clothing. I do not entertain requests for compensation.

mgf

Grievance Answered By: Gvt. Cstw Date 8/4/17

cc: Legal

Grievance # 1077-17

Date Posted 8/7/17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

CC

Inmate Name John SteckleyBCP# 17-3319 Cell D-119Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

On 8/30/17 between 8: and 9:30 pm I was given a mattress that had mace all over it. When I requested to exchange it I was told to deal with it. The actions of the guards forced me to sleep on the concrete slab in cell D-117 because I did not want to have mace all over me again or have trouble breathing due to the condition of the mattress! This was recorded on video! I would like this incident investigated and the officers reprimanded and monetary compensation! Negotiable!  
 I cant see out of my slot and when asked for names officers rarely give them but I know I had fed hair and another was an S.O.C member

## FOR ADMINISTRATIVE USE ONLY

Grievance Response: RESUBMIT WITH THE CORRECT DATE AS 8-30-17  
 IT HAS NOT OCCURRED YET.

Grievance Answered By: LT SCHENK / Lt. Schenk Date 8-17-17

CC: LEGAL

Grievance # 1092-17Date Posted 8-17-17

Original: Treatment File

Canary: Return to inmate with response

Lt. Schenk  
FORM# REC120 (REV 2/10)

CC

mrc

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

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Inmate Name John SteckleyBCP# 17-3319 Cell D-119Date 8/6/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form

Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

on 8/30/17 between 8 and 9:30 pm I was given a mattress that had mace all over it. When I requested to exchange it I was told to deal with it. The actions of the guards forced me to sleep on the concrete slab in cell D-117 because I did not want to have mace all over me again or have trouble breathing due to the condition of the mattress! This was recorded on video! I would like this incident investigated and the officers reprimanded and monetary compensation! Negotiable!  
 I can't see why any guard when asked for change officers rarely give them but I know I had red hair and another was an S.O.C member

## FOR ADMINISTRATIVE USE ONLY

Grievance Response: RESUBMIT WITH THE CORRECT DATE AS 8-30-17  
 HAS NOT OCCURRED YET.

Grievance Answered By: Lt Scherzer / Lt. Scherzer Date 8-17-17

CC: LEGAL

Grievance # 1072-17Date Posted 8-17-17

BERKS COUNTY JAIL SYSTEM  
INMATE GRIEVANCE FORM

Inmate Name John Steckley BCP# 17-3319 Cell D-119  
 Date 8/20/17

Instructions: Refer to the inmate handbook for information on the inmate grievance system.

Administration Use Only

Does not fit criteria for an emergency/sensitive grievance       Form is incomplete       Resubmit on proper form  
 Lacks details       Must be completed in English

Statement: Detail the act or condition which caused this grievance. (Be specific; list all dates, times, locations and witnesses.)

If it wasn't for the numerous wrongs this facility afflicts myself and other pre-trial detainees on a daily basis maybe I could think straight! One of the guards names were Johnson of the S.O.G. team and this is only because another inmate described him to me as we cannot see out of our cells due to the metal slats that are locked on our doors. I was in cell #117 ~~at~~ the time, stated and the date was 7/30/17 between 8pm - 7:30pm. This facility has been put on notice that I have severe physical injuries including titanium in my pelvis and reconstructive surgery on my hip as well as slipped disc in my back amongst other injuries!

**FOR ADMINISTRATIVE USE ONLY**

**Grievance Response:** Misclassified as an appeal, but actually corrected information requested by Lt. Scherer. Forwarded to Lt. Scherer on 8/25/17. ~~you~~ got. C.R.W. 8/25/17  
 OFFICER JOHNSON STATED YOU UNWILLYING REFUSED THE MEDICIS ON 7-30-17 EVEN AFTER IT WAS EXPLAINED THAT THERE WASN'T ANY "MACE" ON IT. OFFICER JOHNSON SAID THE SPOT ON THE MEDICIS YOU WERE REFUSING TO WAS A RUST SPOT AND NOT "MACE". YOUR LIST OF INJURIES, DEMAND FOR OFFICER DISCIPLINE AND MONITORING COMPENSATION HAVE BEEN NOTED BUT WILL NOT BE ENTERTAINED IN THIS RESPONSE.

Grievance Answered By: LT SCHERER / Lt. Scher Date 9-5-17

CC: LEGAL

*-App mrs*  
 Grievance # 1092-17  
 updated 8/20/17

Date Posted 9-5-17